

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L69582

1. Entity Name

COMPLETE PROTECTION ALARMS, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90110 045 ***150.00

Principal Place of Business

C/O DAROL H.M. CARR
2315 AARON STREET
PORT CHARLOTTE FL 33952

Mailing Address

C/O DAROL H.M. CARR
2315 AARON STREET
PORT CHARLOTTE FL 33952

2. Principal Place of Business

1507 Pine Ave.

Suite, Apt. #, etc.

3. Mailing Address

1507 Pine Ave.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32824

Country

U.S.A.

Zip

32824

Country

U.S.A.

4. FEI Number 65-0198834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARR, DAROL
2315 AARON STREET
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

David Buczynski

Street Address (P.O. Box Number is Not Acceptable)

1507 Pine Ave.

City

Orlando, Florida

FL

Zip Code
32824

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

David Buczynski President

04/24/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DPT
NAME BEGLEY, TIMOTHY R.
STREET ADDRESS 27424 TIERRA DEL FUEGO
CITY-ST-ZIP PORT CHARLOTTE FL ☒ Delete

TITLE DS
NAME OSBORN, PHYLLIS
STREET ADDRESS 15507 ROSE DRIVE
CITY-ST-ZIP ALLEN PARK MI. ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☒ Change ☐ Addition
NAME David Buczynski
STREET ADDRESS 1800 Old River Trail
CITY-ST-ZIP Oviedo, Florida 32766

TITLE DVS ☒ Change ☐ Addition
NAME James Gorchess
STREET ADDRESS 1800 Old River Trail
CITY-ST-ZIP Oviedo, Florida 32766

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Buczynski

407/740-6700

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)